

CERTIFICATION FOR PROFESSIONAL SERVICES ACQUISITIONS

The following statements will help determine if the proposed procurement is personal in nature and could result in an employer-employee relationship. The increased frequency of "yes" response increases the possibility of the existence of an employer-employee relationship and indicates that the advice of the ICD Personnel Office should be solicited.

Yes No The procurement. . .

____ ____ 1.involves a guest speaker, lecturer or participant for seminar, workshop, or meeting held primarily to exchange scientific information.

____ ____ 2. involves advisory services performed by national commissions, advisory committees or groups, review panels, boards and committees.

____ ____ 3. involves review groups for contract proposals or grant applications.

(If statements 1, 2, or 3 have been answered "yes" routing to the ICD Personnel Office is not necessary.)

____ ____ 4. requires on-site performance.

____ ____ 5. requires that the principal tools and equipment be furnished by the government.

____ ____ 6. is an integral part of the assigned mission or function of NIH.

____ ____ * 7. is the type ordinarily performed by Civil Service personnel.

____ ____ 8. can reasonably be expected to last beyond one year.

____ ____ 9. requires government approval for hiring and removal of key contract employees.

____ ____ 10. requires the government to prepare schedules for individual contract employees.

____ ____ 11. requires the government to control the method of contract performance.

____ ____ 12. allows the contract tasks to be defined on a day-to-day basis.

____ ____ 13. provides payment for time worked rather than accomplished results (this statement should only be considered for doubtful cases).

(If any statement (4 through 13) has been answered "yes" routing to the ICD Personnel Office is necessary.)

*If #7 is checked "yes," indicate by checking appropriate box(es) below why this work is proposed to be done by contract/purchase order. Explain briefly on the back of this form.

☐ No qualified NIH employees are available to perform the work.

☐ It has been determined that it would be substantially more economical, feasible, or necessary by reason of unusual circumstances to have the work performed through this contract/purchase order. (State briefly on reverse how this was determined.)

☐ Other (Explain on reverse.)

SALARY RATES

Complete this section if the daily rate to be paid to a person or persons under this contract/purchase order exceeds the current daily rate of a GS-18 in the federal service.

I have made an administrative determination that the award of this contract/purchase order is in the best interest of the U.S. Government. The salary rate(s) contained in this contract/purchase order is/are fully justified for the reasons stated below.

GAM 8-15 CERTIFICATION (Check One)

☐ I certify that this request for consulting services has been reviewed and is in accordance with the terms and conditions of GAM 8-15.

☐ The consulting service being procured is excluded from coverage of GAM 8-15.

Certifying Official's Signature

ICD PERSONNEL ADVICE (if solicited)

☐ This action would not result in an employer-employee relationship.

☐ This action would result in an employer-employee relationship. (If this item is checked, the action is not appropriate for procurement acquisition.)

Personnel Specialist's Signature

DISPOSITION OF ACTION

Requisition No.

Requisitioner's Signature

Date

☐ Approved

ICD Approving Officer's Signature*

Date

☐ Disapproved

*The "appropriate approving official" is either the ICD Executive Officer or Administrative Officer depending on the existing internal delegation.

It has been determined that it would be substantially more economical, feasible, or necessary by reason of unusual circumstances to have the work performed through this contract/purchase order. (State briefly.)

Other (Explain.)